

CLAIMS ONLY							Application Number <b>10604565</b>	Filing Date		
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1	I						51			
2	I						52			
3	I						53			
4	I						54			
5	I						55			
6	I						56			
7	I						57			
8	I						58			
9	I						59			
10	I						60			
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14	I						64			
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40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep.	4						Total Indep.			
Total Depend.	23	←	←	←			Total Depend.	←	←	←
Total Claims	27						Total Claims			

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